

ISSUE SLIP TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69007	5/17/99
O.I.P.E. CLASSIFIER		48	6/2/99
FORMALITY REVIEW	LA	63390	6/8/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	4	9	5	Date
1	✓	N	N			
2	✓	N	N			
3	✓	N	N			
4	✓	N	N			
5	✓	N	N			
6	✓	N	N			
7	✓	N	N			
8	✓	✓				
9	✓	✓				
10	✓	✓				
11	✓	✓				
12	✓	✓				
13	✓	✓				
14	✓	✓				
15	✓	✓				
16	✓	✓				
17	✓	✓				
18	✓	✓				
19	✓	✓				
20	✓	✓				
21	✓	✓				
22	✓	✓				
23	✓	N	N			
24	✓	N	N			
25	✓	N	N			
26	✓	N	N			
27	✓	N	N			
28	✓	N	N			
29	✓	N	N			
30	✓	N	N			
31	✓	N	N			
32	✓	N	N			
33	✓	N	N			
34	✓	N	N			
35	✓	N	N			
36	✓	N	N			
37	✓	N	N			
38	✓	N	N			
39	✓	N	N			
40	✓	N	N			
41	✓	N	N			
42	✓	N	N			
43	✓	N	N			
44	✓	N	N			
45	✓	N	N			
46	✓	N	N			
47	✓	N	N			
48	✓	N	N			
49	✓	N	N			
50	✓	N	N			

Claim	Final	Original	4	9	5	Date
51	✓	N	N			
52	✓	N	N			
53	✓	N	N			
54	✓	N	N			
55	✓	N	N			
56	✓	N	N			
57	✓	✓				
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97	✓	✓				
98	✓	✓				
99	✓	✓				
100	✓	✓				

Claim	Final	Original	Date
101			
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Best Available Copy

If more than 150 claims or 10 actions  
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